

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90009 046 ****61.25

DOCUMENT # N51314

1. Entity Name

CAPE SAN BLAS TAXPAYERS ASSOCIATION, INC.

Principal Place of Business

7081 WINDWARD ST.
 PORT SAINT JOE FL 32456
 US

Mailing Address

P.O. BOX 544
 PT. ST JOE FL 32547
 US

(Handwritten mark)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3170257

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOOPER, CAROLYN
4815 CAPE SAN BLAS RD
PORT ST. JOE FL 32456

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | MC GEE, WILLIAM | |
| STREET ADDRESS | 6062 ANCHOR LANE | |
| CITY-ST-ZIP | PT. ST JOE FL 32456 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | HARRIS, PAT | |
| STREET ADDRESS | 4976 CAPE SAN BLAS ROAD | |
| CITY-ST-ZIP | PT ST JOE FL 32456 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | HOOPER, CAROLYN | |
| STREET ADDRESS | 4815 CAPE SAN BLAS RD. | |
| CITY-ST-ZIP | PORT ST. JOE FL 32456 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------|--|
| TITLE | DDPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Julia Cunningham | |
| STREET ADDRESS | 7081 Windward St. | |
| CITY-ST-ZIP | Port St. Joe, FL 32456 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mary Ann Conroy | |
| STREET ADDRESS | 825 Secluded Dunes Drive | |
| CITY-ST-ZIP | Port St. Joe, FL 32456 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Preston Russ | |
| STREET ADDRESS | 6143 Nassau Lane | |
| CITY-ST-ZIP | Port St. Joe, FL 32456 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

(Handwritten Signature) PRESTON RUSS, TREASURER 9/6/01 850-227-2160

CR2E037 (5/01)